



Auburn Int'l Farmers Market 2016 Vendor Application

		VENDOR CONTA	ACT INFO	RMATION	N			
FARM/BUSINESS NAME:				BER				
			APPLYING FOR: (Please check one)					
				Full Seasor	n Dowtiel Co.			
MANUNC ADDRESS			CTALL 555			32011		
MAILING ADDRESS:			STALL PRE	FERENCES	S: (Please check one)			
				Single Stall 10X10	Double St 10X20	all		
				STALL UTILITIES: (Please mark all that apply)				
mailing address, please describe its location using major roads, intersections, etc. indicating north, south, east, west and attach to				☐ Water				
this application.			110 Volt Electricity - \$5.00 Daily Fee					
COUNTY:				WEBSITE:				
		DDIMARY CONT	ACT ON T	THE EADS	Δ.			
NAME:		PRIMARY CONT		HE FAKIV	/1			
IVAIVIE.			PHONE: CELL:					
			EMAIL:					
		PRIMARY CONTA	l .	E MARKE	ET			
NAME:			CELL:					
				EMAIL:				
May we share your contact inf	ormation v	with customers and/	or the WSF	MA?	YES]	NO	
Please list names of people who	will sell you	r product at the Marke	t.					
Name		Relationship	Name		Relat	Relationship		
						-		
Please indicate the type of produ	ct(s) or serv	ice(s) to be offered at	the Market.					
Farmer/Produce Processed		Prepared Food Nursery/Plant		Craft Non-Profit	Entertains Other	nent		
Please list items to be sold at the	Market and	l approximate dates of	availability					
Crop Description	Date	Crop Description		Date	Crop Descripton		Date	
	<u> </u>							

PLEASE SEE AND FILL OUT OTHER SIDE

Please indicate the Sun			t: AIFM Sundays 10:00	am to 3:00 pm	lune 5 - Sept. 25					
Vendor is not required	· —		🗖							
=	5th	12th	19th	26th	—					
=	3rd 🔲	10th	17th	24th	31st					
=	7th	14th	21st	28th						
SEPTEMBER 4	4th L	11th	18th	25th						
		Request for S	nace(s)							
Stall fees are \$40.00 p	er stall ner dav - Sta			ICE PAYMENT O	F FFFS					
		T	T	T						
Description	Application Fee	Daily Stall Fee	# of Days	# of 10X10 Sta	alls Total Cost					
Farmer/Produce	\$20.00	\$40.00		x	_= \$					
Food Vendor	\$20.00	\$40.00		x						
Crafter	\$20.00	\$40.00		x	_= \$					
Daily Stall Utilities	N/A	\$5.00		x	_= \$					
				Total All Fees	S =					
					\$					
Please indicate all licen	ses and permits requi	red to operate your bu	siness and provide a co	ppy of each with t	this application.					
Food Proces	sor Permit	Fisheries V	Vholesale License	Orga	nic Certification					
=	Kitchen Permit	Grade A Da		_	cide Applicators License					
Food Handle		Nursery Lic			State Business License					
=	Event Permit (Health D			Othe						
DISCLAIMER: Vendors	please read and initia	l each item below and	sign at the bottom							
	•		•	n. Vendors are resp	onsible for their own permit and					
*All vendors must be licensed or otherwise authorized to conduct business in the State of Washington. Vendors are responsible for their own permit and license requirements and tax liabilities										
*All vendors agree to exercise the utmost care in the use of the market facilities. Smoking is not permitted in the Market areas.										
*The Auburn Int'l Farmers Market does not guarantee the marketability for fitness of the vendor's goods, nor does the Market guarantee the success of										
the vendor's efforts.										
	=		at are deemed inappropria	ate and not in keepi	ing with the image of the AIFM or					
the Washington State Farr			ale for the quality and safe	aty of what they cal	1					
*All vendors will only sell what is listed on this application and are responsible for the quality and safety of what they sell *All vendors must provide their own tables, chairs, extension cords, canopies, weights and other operating equipment										
*Depending on menu items, food vendors may be required to apply for a temporary food-service permit. Please contact the Seattle-King County Dept. of										
Public Health for information										
INSURANCE – The City of Auburn does not maintain insurance that will respond to claims against the applicant arising out of the use of the booth by the										
applicant, its members, or those attending the event. Depending on the type of booth and products being sold, you may be required to maintain										
insurance and name The C	City of Auburn as an addi	tional insured on the poli	cy. After reviewing this po	licy, The City of Aul	ourn will determine whether or					
not you must obtain liabili	•									
					ts, employees, officials and					
· ·		• .	,	. •	r in connection with activities or					
negligence of The City of A		Applicant's benan ansing o	out of the use of the booti	i except for injuries	and damages caused by the sole					
			one of all AIFAA Dolon o	ad Dagulatiana						
Vendors are responsible	_	•		_						
Vendor has read, under	rstands and agrees to	comply with the 2016	Auburn International Fa	armers Market Ri	ules and Regulations.					
VENDOR'S SIGNATURE_				DATE	<u> </u>					
		PLEASE RETURN	COMPLETED FORM							
			1							
This application will no	•	:			City of Auburn - AIFM					
1. Completed Applicat			Mail To: Auburn International Farmers Market							
2. Your Signature Abov			City of Auburn, Parks, Arts & Recreation							
3. Full Payment of App			2840 Riverwalk Drive SE							
4. Full Payment of Firs			Auburn, W	A 98002						
5. Current Copies of L		ALERA DA L. C.			252 266 2726					
For more information p	lease contact:	AIFM Market Manager		Phon						
			rket@auburnwa.gov	Fax:	253-931-4005					
Application Bear's al			ket Use Only							
Application Received Application Fee		Date Date/Amt	Vendor Number Booth Number							
Application Accepted		Date	Confirmation Letter		Date					
Application Denied & Reas	son	Date	License/Permits Received	d	Date					
r r										